

**TENNESSEE DEPARTMENT OF EDUCATION
DIVISION OF SPECIAL EDUCATION
DUE PROCESS HEARING REQUEST FORM**

PARENT INFORMATION (To be completed by parents and returned to the LEA for processing)

Name of Child _____ Name of Parent/Guardian _____

Child/Parent/Guardian Address _____

City _____ Zip _____ Telephone Number _____

Attorney for Child/Parent/Guardian _____

Attorney's Address _____

City _____ Zip _____ Telephone Number _____

Child's Date of Birth _____ Hearing is to be **OPEN** _____ **CLOSED** _____

Complete description of the nature of the problem of the child relating to identification, evaluation, educational placement (initial or proposed change) or the provision of a free appropriate public education (FAPE).

Please provide a proposed resolution of the problem to the extent known and available to the parents.

LEA INFORMATION (To be completed by the Local Education Agency)

LEA _____ Special Ed Administrator _____

Address _____

City _____ Zip _____ Telephone Number _____

School Attended _____ Disability _____

Attorney for LEA _____

Attorney's Address _____

City _____ Zip _____ Telephone Number _____

Date Request Received by LEA _____ Place Hearing to be Held _____

Due Process Hearing request initiated by: LEA _____ Parent/Guardian _____
~ LEA shall provide parent information when initiating hearing ~

This request is to be mailed and/or faxed by the LEA to:

**Office of Legal Services
Tennessee Department of Education
Division of Special Education
7th Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, TN 37243
Telephone # (615) 741-0660
FAX # (615) 253-5567**